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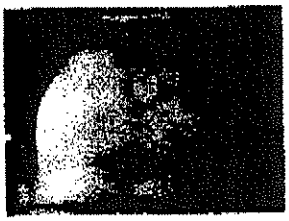

PATIENT: Allen DOUG Hale
GENDER: Male
D.O.B. [redacted]
AGE:
DATE: April 30, 2015
RACE: Caucasian
DX: 309.81 Post-Traumatic Stress Disorder (PTSD)
296.22 Major Depressive Disorder, Moderate

PSYCHOLOGICAL EVALUATION

KATRINA
In what way did Katrina affect you?
"Financially, good, because I build houses and roofs. But I've been around here since I was a kid and everything I knowed was gone. You couldn't even find a landmark around here."

FAMILY HISTORY / EDUCATION
Doug grew up in Ohio, Louisiana, and the Mississippi Gulf Coast as the baby with six siblings. His biological father died of a massive heart attack when Doug was a year old. His step-dad, Clarence, was with them until he died when Doug was a young teen. Doug had lived in Ohio with Clarence after his parents parted, but he returned to the Coast to live with his mom after Clarence died. He reports no history of abuse or trauma and characterizes his childhood as "alright, I guess. I don't know anybody's whose was perfect."
TELL ME ABOUT YOU AS A STUDENT.
"I was hyperactive and used to bounce off the walls until they gave me Ritalin to calm me down. I did alright in school until my dad died, and it really messed with my head. I just didn't give a shit anymore. And also the transition into my teens was going on. And I was scared to get close to my mom because I was scared she was going to die. And then she remarried and didn't have a lot of time to pay attention to me." Doug quit school in 9th grade because he was having a lot of problems and was getting in trouble all the time in school. He later worked on his GED but never took the test.

EMPLOYMENT HISTORY
At this time, Doug cannot work due to his physical condition. He has worked in the construction trade since he was 13 years old and worked every chance he could. At the time of the shooting, he was working only intermittently because of a previous injury to his left arm.

MARITAL CONDITION / HISTORY
Doug and his wife, Ginger, parted about two years ago. He has a 12-year-old daughter from a previous relationship who lives with her mom in Ohio. Doug stays with his sister, Rhonda, and with his mother because he cannot afford his own place until he can return to work.

LEGAL HISTORY
He has been arrested for misdemeanors such as disorderly conduct, public intoxication, not wearing a seat belt, speeding, and for not having a license. Doug was charged with simple possession about 7 or 8 years ago and was only fined. He spent 11 or 12 days in jail for an unpaid fine.
While visiting his brother in Ohio about 13 years ago, Doug's truck broke down and he did not notice that his driver's license had expired. He drove his brother's car and got a ticket for driving without a valid license and for playing loud music. After he went to court and was fined $700+, he paid the Court some of the money due before he returned to Mississippi. Upon his return to the Coast, he paid off a few fines and paid *off* the balance of the Ohio fine in order to be able to renew his license. (Doug pointed out that if the Ohio fine had not been discharged, his Mississippi license would

EXHIBIT 13

not have been issued to him.) Four years later he went to renew his license and was told that Ohio still has a hold placed on his license and will not clear it until he pays the fine (which he had already paid in full). In addition, he was informed he would have had to pay $100 to Mississippi to reinstate his license which had been suspended with the simple possession charge. Doug now faces over $800 for fines and simply does not have the money. He cannot get a driver's license until he pays Ohio and the State of Mississippi.

He says he also has a charge, according to the Biloxi police, for credit card fraud. Doug was advised about two weeks prior to the shooting incident that there was a warrant for his arrest for credit card fraud. He was in the process of attempting to obtain money for his bond when the police came to serve the warrant for credit card fraud and shot Doug.

INJURY EVENT

On 1 April, 2015, Doug was spending the night with his mother, Hazel Fancher, in her motor home where he was sitting on the couch. Ms. Fancher was taking a shower when Doug heard a knock on the front door and someone say, "Biloxi Police Department." He says the police opened the door before he even got to it. Doug recalls seeing 3 guns pointing at him and put up his hands. He says one of the weapons might have been a taser. "Then I got hit with a taser in the stomach, and I was kind of going over (falling sideways), and I saw one lean in and shoot me. I saw the fire come out the end of that barrel. When they hit me with the taser, they had me. They didn't have to shoot me. My mom says they dragged me out of the house. I remember being on the concrete outside and asked them if they could take the taser out because my heart felt like it was going to explode. He told me 'Fuck, no.' I remember they ripped my shirt off me. I remember then getting the stretcher out there. They stood me up on my feet and made me walk to get on the gurney. The stupid taser wires were still in me when they strapped me onto the bed. I was in the ambulance and still handcuffed to the bed. I passed out. The next conscious thought I was in the ER or something (at Garden Park) where I got sick and vomited. That's the last thing I remember until the next morning." (He broke into tears while relating this.) "I woke up and they had a cop there with me and the detective. I kept asking if my mom was ok and they wouldn't let me see her at first. They released me from police custody. My mom come in there and seen me. They did a second surgery. I spent forever in ICU." (He again burst into tears.)

PSYCHOLOGICAL HISTORY

Doug has no blood relatives with significant mental health problems. He says he has never been suicidal and that he likes himself. He has no history of plans, intentions, or attempts to harm himself. Doug had counseling as a teenager for anger issues. He has never been admitted as an in-patient to a psychiatric facility and has never experienced any type of hallucinations.

Appetite: "Sometimes I want to eat; sometimes I don't want to. I'm not really hungry. I used to eat like a fat kid, but now I can't." His eating habits changed as a result of the shooting event.

Sleep: "I don't sleep good at night because I'm paranoid - scared they are going to kick the door in on me."

General Mood: "Bland. I can't do nothing, so why should I care." He feels like his whole life is ruined. "I won't ever be right in my damned head again. I'm afraid they're going to shoot me now. I'm afraid to go outside for fear they are going to shoot me. If I see a cop car, I try to get behind another car so it will protect me. As long as I'm with somebody I feel a little more safe, but I'm afraid they might get shot, too. I feel worthless, like I ain't worth a shit. I can't do nothing. I don't trust nobody, and I don't want to be around nobody. I think everybody is against me. I don't enjoy anything any more. I'm scared if I get loud, somebody might call the police and they will come up and fuckin' shoot me. I don't like going to grocery stores because there are cops in there. I just want to crawl in a hole and stay there." In addition, Doug has been having problems getting along in the house with mom and says they are getting on each other's nerves. She can tell him what to do because it's her house. He feels overwhelmed with everything. Doug is not accustomed to feeling afraid, but now "When I see the police or hear a siren, I get terrified and want to climb up a wall. And people looking at me like I'm a strung-out drug junkie. That's what goes through my mind." Doug was referring to his gaunt appearance. He added, "Stupid shit makes me cry. I cry. I don't sleep. I'm scared. I'm scared to death the police will come and take me out. Even when I'm riding in a car I'm scared they will get me." He is very frustrated because he cannot work to support himself and get his own place.

POST-TRAUMATIC STRESS DISORDER - (PTSD)

DIAGNOSTIC AND STATISTICAL MANUAL (DSM-5)

Note: The following criteria apply to adults, adolescents, and children older than 6 years.

A Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

A 1 - Directly experiencing the traumatic event(s). *Have you ever experienced a traumatic event in which you thought your life was in danger?*

- "I fell 35' through a rusted-out metal roof and crushed my knee caps and then busted my head open not too long after Katrina." He was doing construction work at the time of the accident.
- On 1 April, 2015, Doug was sitting on the couch in his mother's camper while she showered when the police knocked on the door, informed Doug they were serving an arrest warrant, tazed him, and then shot him.

A 2 - Witnessing, in person, the event(s) as it occurred to others. *Have you ever seen someone else experience a traumatic event in which their life was in danger?*

- "I watched my brother in law nearly die when he fell through a roof and split open his head."

A 3 - Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental. *Has a close family member or close friend ever experienced a traumatic event in which they were killed or almost died?*

- See the above statement.

A 4 - Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse). NOTE: Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work-related. *Self-explanatory.*

- Not applicable.

B. Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:

B 1 - Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s). *Do upsetting memories, thoughts, and pictures about the trauma pop into your head? How frequent are they?*

- "All the time. That's why I can't sleep, have no appetite, get sick. And for no reason I just start crying for no reason. It goes on in my head constantly. Every time I close my eyes I see police. I really can't stand to see police, and they're everywhere. I ain't never been scared of anything in my life before, and now I'm too scared to walk down the street. They have messed up my damn head."

B 2 - Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s). *Do you have upsetting dreams related to the trauma? How frequent are they?*

"Usually I just stare at the ceiling. When I close my eyes I see cops shooting me, beating me up, shooting me with a taser. I can't eat or sleep, but the cops don't have any problem eating or sleeping. They still have their lives, but they have messed my life up. I was a fairly healthy person, now look at me. They see a home boy standing on the corner holding two guns, and they say, 'Sir, please put the guns down.' Me, I'm standing there in my home with a cigarette and a lighter, and they fucking shoot me." Doug says he has nightmares all the times. He often wakes up crying.

B 3 - Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.) *Some people who had an experience like that sometimes have flashbacks where they relive the event, and they may even act or feel as though the event is happening again. Has this happened to you? Describe what it was like.*

"Sometimes when I wake up, I hear someone knock on the door, I'm scared they are coming to shoot me." The other night he dreamed the whole shooting incident again and he woke up crying. "When I stand in the doorway, sometimes I see them shooting me, and I see the fire coming out of that gun barrel. I see it over and over and over."

B 4 - Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s). *Are there things that remind you of the trauma that get you very upset? What sort of things? Tell me about when that happens to you.*

"Police. Every time I see a cop car or hear a siren - even on tv - I get freaked. If I see them on the side of the road, it freaks me. I want to hide. I want to ball up and try to disappear. I get really scared and nervous and break out in sweat. I'm afraid they're going to shoot me."

B 5 - Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s). *Do reminders of the trauma make you tremble, break out into a sweat, hyperventilate, or have a racing heart? Describe what happens and what this is like for you.*

"I sweat, my gut hurts because I tense up. I literally shake sometimes because I'm afraid they're going to shoot me."

C. Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:

C 1 - Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s). *Do you try to block out thoughts or feelings related to the trauma?*

"All the time; I'm human. It doesn't work too well. No matter what I do to get my mind off of it, it goes right back to it. Whenever that distraction goes away, the pictures come right back."

C 2 - Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s). *Do you try to avoid activities, situations, or places that remind you of the trauma?*

"Yes, I used to like to go shoot guns, but I'm afraid if I hear guns, I'll go off. And I'm getting worried about the fourth of July coming up."
Do you avoid people who remind you of it?
"Cops."
Do you avoid talking about it?
"Sometimes. I don't talk details about it. People automatically assume I did something to deserve getting shot."

D. Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

D 1 - Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs). *Are there some aspects of the trauma that you can't recall?*

"I imagine so. I get fragments of it come into my head sometimes. And I can't remember shit. I can remember bits and pieces but can't tell when it happened."

D 2 - Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., "I am bad," "No one can be trusted," "The world is completely dangerous." "My whole nervous system is permanently ruined"). *Some people who experienced this kind of trauma have a very negative view of others, themselves, or the world. Would you say that is true of you? Tell me about that.*

"I have no problem with people, or the world. I ain't too happy with myself because I can't do shit. I'm aggravated I can't do nothing. I get irritated with myself a lot because of my limitations. And my brain is always going 100 mph, and my body can't keep up with it." "He also stated, I feel worthless, like I ain't worth a shit."
Do you believe that you're a bad person?
"No."
Do you believe that the world is a completely dangerous place?
"Some parts of it - the part where the public is."
Do you believe that no one can be trusted?
"Yes."

D 3 - Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others. *Do you blame yourself for what happened or for its consequences?*

"No!"
Who do you blame for what happened?
"The cops!"

D 4 - Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame). *Has your emotional state been generally positive or negative since the accident?*

"Yes."
Angry?
"Yes."

Guilty?
"No."
Felt ashamed?
"Yes. Just look at my physical appearance."

D 5 - Markedly diminished interest or participation in significant activities. *Have you noticed that since the trauma you've lost interest in some things you used to enjoy? Are there any activities that you no longer participate in since it occurred?*

"Yes. I don't even like to see people. I used to like to go out and have fun. I've even lost interest in fishing. After about 3 casts, I'm over this shit. I've even lost interest in drinking. But I still love being outside. I'll probably never go hunting again. I used to love to cook but I don't enjoy it so much anymore."
Are there any other activities that you no longer participate in since it occurred?
"Everything that involves physical movement or money."

D 6 - Feelings of detachment or estrangement from others. D*o you frequently feel like you don't fit in with the people around you? That is, you're with them physically, but you feel distant and cut off from them and different from them?*
"Certain people. Sometimes I feel like people are talking about me. I shut people off from around me. Anything beyond 5 - 6 people around me, I'm going to start getting irritated."

D 7 - Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfactions, or loving feelings). *And does it seem like you've lost the ability to feel certain positive emotions? Do you feel emotionally numb? Has it seemed like you do not experience strong positive feelings about anything or that you can't feel love anymore?*
"I don't think there's no love out there anymore. I love myself because I know I won't hurt myself. Happiness is an illusion."
Do you feel emotionally numb?
"A lot of times, yeah, except for the unwanted ones, like crying. A lot of times I don't feel nothing, and that works out good for me."
Has it seemed like you do not experience strong positive feelings about anything or that you can't feel love anymore?
"Yes."

E. Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

E 1 - Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects. *Do you get easily irritated or lose your temper easily? Have you had any angry outbursts? Tell me about that and what it's been like.*
"Yes - irritated. I don't usually lose my temper.'
Have you had any angry outbursts?
"Sometimes, like when I can't do something physically, I get fucking mad and start cursing like shit."
His mother described how Doug has been extremely verbally abusive to her and extremely irritable.

E 2 - Reckless or self-destructive behavior. *Would you say that you have engaged in a pattern of reckless or self destructive behavior? Tell me about that.*
"No."

E 3 - Hypervigilance. *Since the trauma have you been hyper alert, always keeping your guard up and watching for possible trouble?*
"Yeah. Like quadruple. Now I see everything."

E 4 - Exaggerated startle response. *Are you jumpy and very easily startled? Describe to me what that's like.*
"It's annoying. I can't never relax. That's probably why I don't sleep, too." At that moment, by sheer coincidence the office door clicked open because of air pressure, and Doug shot out of his chair.

E 5 - Problems with concentration. *Since the trauma have you had problems concentrating?*
He laughed. "Everything - conversations, tv, everything. That's why I'm playing with this little thing (a paper clamp) while I'm sitting here talking to you. It keeps my mind from going out there." (He pointed out the

window.)

E 6 - Sleep disturbances (e.g., difficulty falling or staying asleep or restless sleep). *Since the trauma have you had problems sleeping? What kind of problems?*

"Yes!" He stated, "I don't sleep good at night because I'm paranoid - scared they are going to kick the door in on me."

F. Duration of the disturbance (Criteria B, C, D, and E) is more than 1 month. *How long have you been bothered by the problems in B - E?*

"Since 4/1/15."

G. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning. *Do the symptoms interfere with or keep you from completing your daily routine and chores? What effect has the event had on your life? Has it affected your job?*

"With this injury I can't work."

Your relationships?

"I'm not antisocial or nothing like that, I just don't talk with that many people. I don't even want to talk to women, because what good am I to them. I couldn't take them out on a date or even buy them a damn Coke. I'm useless."

Your relationship with friends?

"I don't like to hang out with my friends if I can't do what they are doing - no money, can't physically do things."

Family?

"I have to live with my mom now because I can't work and make money to have a place to live."

Do the symptoms interfere with or keep you from completing your daily routine and chores?

His physical symptoms prevent him from doing most things. Doug's emotional symptoms keep him tense, frightened, and isolated.

H. The disturbance is not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition.

Specify whether:

With dissociative symptoms: The individual's symptoms meet the criteria for PTSD, and in addition, in response to the stressor, the individual experiences persistent or recurrent symptoms of either of the following:

N/A 1. Depersonalization: Persistent or recurrent experiences of feeling detached from, and as if one were an outside observer of, one's mental processes or body (e.g. feeling as though one were in a dream; feeling a sense of unreality of self or body or of time moving slowly.

N/A 2. Derealization: Persistent or recurrent experiences of unreality of surroundings (e.g., the world around the individual is experienced as unreal, dreamlike, distant, or distorted).

NOTE: To use this subtype, the dissociative symptoms must not be attributable to the physiological effects of a substance (e.g., blackouts, behavior during alcohol intoxication) or another medical condition (e.g., complex partial seizures).

Specify if:

With delayed expression: If the full diagnostic criteria are not met until at least 6 months after the event (although the onset and expression of some symptoms may be immediate).

MEDICAL | PHYSICAL DATA

His medical history|condition is significant for:

- left wrist surgery X2
- injured knees from a 35-foot fall
- taser wound to stomach
- gunshot wound to stomach
- 2 surgeries to repair damage done by .45 caliber bullet
- collapsed left lung
- removed part of his liver
- migraines

CURRENT MEDICATIONS

Norco	7.5mg/250mg tablet	1-2 q 4 - 6 hrs
bactrim		
Ibuprofen		
Tylenol		

ALLERGIES
NKDA
yellow jackets
darvocet
ultram

TREATING PHYSICIANS
Dr. Brunston - surgeon

PAIN
WHERE DO YOU HURT?
"All through my whole torso. My head hurts; I have real bad migraines. When I can't sleep or something gets me upset, I hurt more. I'm tired of taking pain pills because everybody just calls you a drug addict. I'm not a fucking person that cries; I usually suck it up. But I'm about to lose it." He says his insides still feel like somebody is ripping him apart inside.

How long has this pain gone on? What started it?
This pain started on 4/1/15 when he was shot in the stomach.

What have you already tried to help the pain?
He takes pain medication to take the edge off the pain but still has a tremendous level of pain..

Is it constant or intermittent?
Constant, but the intensity varies.

What makes the pain worse?
"Movement, talking, sitting, standing, talking, lying down - everything. Today is a bad day. It's raining and my whole body has been hurting all day."

What makes it ease off or get better?
"I take a pain pill. It don't stop it all the way. It just eases it up so I can get up and do something."

How has the shooting incident changed your life?
"- I can't stand up quickly; can't run; can't lift or carry things. I'm scared to go outside by myself. Scared all the time I'll get shot again by the cops. I don't trust the cops at all and I don't trust people in general. I don't trust people - nobody. I used to be around a lot of people. Now there are only a few people I want to be around. I know I'm safe around Stanley (brother-in-law). I'm more comfortable around him than I am around my own brother. I can't work. When I sneeze, cough, poop, and pee it hurts. I can't even have sex, and that fucking aggravates me. Then there's the way people look at me - 'Look how he's cut up and can't stand up.' They think I'm some sort of dope head because of all the weight I've lost. Doug is troubled by feelings of depression, anger, panic attacks, and loss of motivation. He also says he has become very frustrated and irritable.

PHYSICAL PROBLEMS
Often pain |medical condition affects a person's daily routine. Doug has difficulty falling asleep, difficulty remaining asleep, and frequent nightmares. He says, "I have to sleep in a hospital bed because I can't lie down straight. I don't hardly sleep no more." Eating habits can also be affected by pain|medical condition and/or medication. Doug has experienced loss of appetite, nausea, weight loss, and changes in taste. He reported: "I eat, but half the time I get sick to the stomach, and I'm scared I'll bust my stomach open. It would be so nice to sit down and eat a meal. Then I have to walk to make it go down. I have to cut it into tiny bites and just eat a little. I would love to drink down a bottle of water but the pain would be too much." He also reports a change in hygiene|bathroom habits in that he has difficulty grooming and bathing himself. "I can barely go to the bathroom by myself. I have to walk to make my bowels move. And you get scared, especially if I have to get someone to come help me get off the toilet." Pain|medical condition negatively affects Doug's ability to move and has limited his range of movement. He suffers from generalized weakness which frustrates him. He said: "I have to get people to open a bottle for me. If I want to make me something to eat, it takes me an hour. Every day activities take me forever to do." He has to rest every few minutes. "An hour after I'm up, I'm worn out." Doug has difficulty walking, climbing stairs, lifting and carrying things, and with getting in and out of the

car. He reported: "I can't even pick up my baby nephew and play with him because I can only pick up 5 lbs. I drop things all the time, and I hurt constantly." He can no longer do recreational activities and cannot work. His pain|medical condition negatively affects his roles in the family, his sexual functioning, his physical appearance, his energy level, and his social life and outside involvements.

8/28/15 - INTERVIEW WITH HAZEL FANCHER, DOUG'S MOTHER
- He's hateful now. He's always had a little attitude, but he's gotten a lot worse.
- Recently Doug was in the house with friends, and they were drinking. He started cursing and told his mom to get out of her own house when she called him down about his language. He also told her to call the cops because she hates him and wants him dead anyway. Mrs. Fancher had to call her daughter to come over to get him. The next morning he texted mom as if nothing had happened.
- She says Doug had always been a person who never raised his voice, who helped people, and everybody loved him. Now he doesn't want to be around people and argues with her.
- She says Doug has a hatred in him now for cops and authority that he never had before.
- She described that he has become paranoid and always thinks somebody is out to get him.

SUBSTANCE USE / ADDICTION

Tobacco:	"I smoke the hell out of cigarettes."
Alcohol:	He now drinks 4 - 6 beers a week; before the shooting he drank 1 or 2 beers at night to relax after work.
Drugs:	He smoked pot when he was younger and had used some other drugs on occasion. He says he does not have a close association with anyone who has an alcohol or drug problem.
Energy Drinks:	He can't afford them now but used to drink 7 - 8 per day.
Gambling:	He sees gambling as a stupid, pointless waste of money.

RELIGION
He identifies his religion as Baptist and is active in his religion/faith/spirituality.

RECREATION
When he was physically able, Doug likes to fish; ride bikes, motorcycles, and four-wheelers; play frisbee and volleyball; and look at old cars at cruisin' the Coast.

TESTS ADMINISTERED AND RESULTS

BECK DEPRESSION INVENTORY - II (BDI) 4/30/14
The BDI is a self-assessment tool to evaluate the patient's subjective experience of depression. Doug obtained a score of 41 which indicates SEVERE depression. This is a significant level of depression.

DISTRESS SCALE 4/30/15
The Distress Scale lists multiple areas of distress and instructs the patient to rate each area numerically for Slight Distress (1 - 3), Moderate Distress (4 - 7), or Extreme Distress (8 - 10). He endorsed the following:

10:	nervous|worried; irritability; headaches; indigestion|reflux; sleeping difficulties; job stress; money|finances|bills; panic attacks; powerlessness; resentment; unwanted thoughts; health issues; pain; physical weakness; medication|drugs; concentration; legal issues
9:	eating|appetite problems; indecisiveness; anger
8:	hopelessness; fatigue; depression
7:	loneliness; muscle tension|spasms
6:	
5:	parents; weight
4:	poor self-esteem
3:	
2:	
1:	

NOTE: Doug's areas of distress are reflective of his current physical and emotional situation.

BRIEF PAIN INVENTORY

The BPI describes pain intensity and estimates how much it interferes with activities of daily living. On his worst days the pain hits 10 and usually averages 5. Pain interferes with many areas of his life:

10	with his mood
10	with relationships with others
10	with his enjoyment of life
10	with his job or with his ability to earn a living
10	with doing recreational activities
10	with sexual activity
9	with having a social life
9	with sleep
9	with his general activity
8	with his ability to walk
8	with his ability to keep up with household chores
8	with being dependent on others
7	with sitting
7	with his ability to stand
7	with riding in a vehicle
7	with just getting out of the house
n/a	with driving a vehicle
n/a	with working at a desk, computer keyboard, or table

NOTE: The pain Doug experiences interferes with most of his activities of daily living at a significant level.

PAIN CATASTROPHIZING SCALE

Everyone experiences painful situations at some point in their lives. Such experiences may include headaches, toothaches, joint or muscle pain. People are often exposed to situation that may cause pain such as illness, injury, dental procedures, or surgery. This scale categorizes the types of thoughts and feelings that this patient has when in pain from responses made to 13 statements. Recently, a specific style of dealing with pain (pain catastrophizing) has been identified as a risk factor for poor outcome to medical treatment. Chronic pain patients have more negative expectancies and hopes for pain relief after treatment as compared to acute pain patients. The Sullivan Pain Catastrophizing Scale identifies the tendency to be extremely frightened by pain and to view pain as a signal of harm. His score of 42 (mean = 28.2, sd = 12.3) indicates elevated levels of pain catastrophizing based on his tendencies toward Rumination, Magnification, and Helplessness particularly in the areas of Magnification and Helplessness.

ALCOHOL, SMOKING, AND SUBSTANCE INVOLVEMENT SCREENING TEST V3.0 (ASSIST) 4/30/15

The ASSIST is a brief screening questionnaire to get information about people's use of psychoactive substances. The strong overall results in the reliability and validity studies suggest that the ASSIST is a valid screening test for international use. However, as with all such instruments, the validity of the test results is limited by the respondent's honesty and self-awareness. The following report should be taken as generalized probability statements as an indication of level of risk of health and other problems due to the current pattern of substance use.

Specific Substance Involvement Scores

a. Tobacco products (cigarettes, chewing tobacco, cigars, snuff, etc.)	21	0 - 3	Low
		4 - 26	Moderate
		27+	High
b. Alcoholic beverages (beer, wine, whiskey, mixed drinks, wine coolers, jello shots, etc.) i. Narcotics|Opioids (Heroin, morphine, methadone, codeine, prescription pain medicattions, muscle relaxants, etc.)	9	0 - 10	Low
		11 - 26	Moderate
		27+	High
c. Cannabis (marijuana, pot, grass, hash, etc.) d. Cocaine (coke, crack, etc.) e. Amphetamine-type stimulants (speed, diet pills, ecstasy, etc.) h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	3	0 - 3	Low
		4 - 26	Moderate
		27+	High

g. Sedatives or Sleeping Pills (Valium, Serapax, Rohypnol, etc.) f. Inhalants (nitrous, glue, petrol, pain thinner, white-out, etc.)	0	0 - 3	Low
		4 - 26	Moderate
		27+	High

PTSD CHECK LIST - DSM-5: PCL-5

The PCL-5 is a 20-item self-report measure that assesses the 20 DSM-5 symptoms of PTSD. The self-report is completed by the patient and takes approximately 5-10 minutes. The PCL-5 was administered with brief instructions and items only. DSM-5 symptom cluster severity scores can be obtained by summing the scores for the items within a given cluster. A provisional PTSD diagnosis can be made by treating each item rated as 2 = "Moderately" or higher as a symptom endorsed, then following the DSM-5 diagnostic rule which requires at least: 1 B item (questions 1-5), 1 C item (questions 6-7), 2 D items (questions 8-14), 2 E items (questions 15-20). A PCL-5 cut-point of 38 appears to be a reasonable value to propose until further psychometric work is available. Doug obtained a total score of 19 with a cluster B total of 5 items; a cluster C total of 2 items; a cluster D total of 7 items; and a cluster E total of 5 items.

Doug scored a total of 68 on the symptom severity and 18 on the cluster severity PCL-5 which supports a diagnosis of PTSD.

SYMPTOM CLUSTER	SYMPTOM	ITEM RATING	TOTAL	
(1) cluster B (items 1-5)	intrusion; re-experiencing the traumatic event	1, 2, 3, 4, 5	5	20
(1) cluster C (items 6-7)	persistent avoidance of event associations	6, 7	2	8
(2) cluster D (items 8-14)	negative alterations in cognitions and mood	8, 9, 10, 11, 12, 13, 14	7	25
(2) cluster E (items 15-20)	increased arousal at event associations	15, 17, 18, 19	4	15
			18	68

PAIN PATIENT PROFILE

The P-3 is designed to identify pain patients who are experiencing emotional distress that may be affecting their symptoms and their response to treatment. The profile, interpretations, and recommendations in this report are all based on pain patients as the primary reference group which is used in conjunction with a clinical evaluation. The P-3 addresses Depression, Anxiety, and Somatization:

Depression - feeling down, having low energy; feeling tired, feeling blue and discouraged, having difficulty with sleeping and concentration.

Anxiety: feeling nervous, on edge, and irritable.

Somatization: being preoccupied with or overly concerned about physical symptoms and thinking too much about physical problems.

It should be noted that the average pain patient is significantly more depressed, anxious, and preoccupied with somatic thoughts than the average community subject. Results of the P-3 are computer-generated based solely on the responses of the person who completed the instrument.

RESULTS SUMMARY:

The patient's item responses suggest higher-than-average levels of depression, anxiety, and somatization. His above-average scores reflect symptoms that are likely to interfere with his physical treatment program.

CLINICAL INTERPRETATION:

Anxiety

Doug's Anxiety score (66) is considerably above average for pain patients. His item responses suggest serious levels of anxiety and associated symptoms. Only 7% of pain patients in the sample scored at this level or higher. Doug's anxiety is reflected in his endorsement of the most severe responses for the following test items. Although these responses may help the clinician understand his emotional state, caution should be used when interpreting an individual item response because the client may have inadvertently marked the wrong response.

2. I often feel so nervous and on edge that I am miserable.
9. I have serious trouble remembering things.
19. In a group of people I often feel like I don't really belong.
23. It is sometimes impossible to get my mind to relax.
28. I avoid having to be around others.
33. I feel nervous most of the time.
35. I worry over almost everything.
36. Sometimes I feel like I am about to lose my mind.
37. I sometimes start sweating and trembling for no known reason.

Doug's Anxiety score suggests that he is obsessively worried, nervous, anxious, and insecure. He is probably severely agitated, and he is experiencing sleep disturbances and memory problems. Temper and impulse control may be impaired, and he may angrily lash out at others, perhaps over trivial matters. He is likely to feel guilty and remorseful about these outbursts, but he is unable to fully control his emotions. Individuals with high Anxiety scores occasionally experience sudden anxiety and panic attacks, particularly when they believe that their condition is permanent or unlikely to improve in the foreseeable future. Doug probably feels powerless to improve his life and feels emotionally overwhelmed by the complexity, scope, and magnitude of his physical pain and psychological problems. It is very likely that psychological variables are involved in his overall complaints and will interfere with physical treatment strategies.

Somatization

Doug's Somatization score (63) is above average for pain patients. Of the pain patients sampled, only 7% had a Somatization score of 63 or higher. The intensity of Doug's somatic distress is severe. He reports an unusual number of physical problems and preoccupation with pain, physical symptoms, and other health-related issues. Doug's somatization is reflected in his endorsement of the most severe responses for the following test items. Although these responses may help the clinician understand Doug's emotional state, caution should be used when interpreting an individual item response because the client may have inadvertently marked the wrong response.

4. I can no longer do my work and chores around the house.
5. My life is spent in pain.
10. I have some serious health problems.
13. I feel weak and tired much of the time.
17. I seem to have a headache much of the time.
21. I stay tired most of the time.
27. My stomach causes me lots of problems.
29. The muscles in my body feel painfully tight.
30. My neck or back seems to hurt most of the time.
41. Sometimes my entire arm or leg feels numb.

Doug may present as constricted and immobilized by multiple somatic symptoms, which may be migratory and poorly defined. Physical complaints probably occupy much of his attention. He may find it difficult to attend to tasks and to social and environmental cues, and he may have trouble adhering to a detailed or multifaceted treatment program. He may have short-term memory problems caused by the distraction of his obsessional concern with somatic functioning. Patients with this profile often go to extreme lengths to ensure that the clinician is presented with a complete list and explanation of their physical complaints. On occasion, these patients will present the clinician with diaries or detailed lists of their physical problems. These patients may be described by others as overly reactive, cynical, obsessed, and manipulative. Somatic obsession or delusion may significantly interfere with pain treatment.

Depression

Doug's T score on the Depression scale (61) suggests that he is more depressed than the average pain patient. Of the pain patients sampled, only 20% had a Depression T score of 61 or higher. Doug's depression is reflected in his endorsement of the most severe responses for the following items. Although these responses may help the clinician understand Doug's emotional state, caution should be used when interpreting an individual item response because the client may have inadvertently marked the wrong response.

1. I have a lot of trouble with sleep.
6. I wake with pain and feeling tired most mornings.
8. Much of the time I feel useless to myself and others.
38. Recently, it seems like my life is filled with problems.
42. My life is in a rut.
43. I am not satisfied with my life at present.
44. I sometimes think that everybody would be better off if I were dead.

Sleep and appetite disturbances may be noted as part of Doug's depression symptoms. He may be described by others as sad, lethargic, apathetic, listless, and aloof. Efforts to involve him in a participatory physical rehabilitation program

may be hampered by his emotional state. It is likely that he suffered highly significant symptoms and problems with depression prior to pain onset or that he is currently feeling particularly distressed, drained, and emotionally burdened by the duration of his discomfort and the impact of his problems on his ability to function. The clinician should investigate whether a history of depression preceded pain onset or whether depression symptoms are reactive to pain. If depression is acute, Doug should be carefully and regularly monitored to guard against further emotional deterioration. It is very likely that Doug's psychological symptoms will interfere with physical pain treatment.

Treatment Recommendation

Because of the magnitude of Doug's anxiety and associated emotional distress, mental health consultation/treatment is strongly recommended before or as an adjunct to physical treatment for pain reduction.

CLINICAL OBSERVATIONS

APPEARANCE / BEHAVIOR / SPEECH / MENTATION / MOOD:
Grooming: appropriate; very casually dressed
Behavior: appropriate; cooperative; fidgety
Orientation: alert and oriented X4 to person, place, time, and situation
Affect: appropriate to the discussion - tearful to cheerful; normal animation
His mood appears to be: moderately- to - severely depressed
Attention and concentration: WNL.
Recent and remote memory: seem to be intact.
His insight, judgement, and sense of humor: appear to be intact.
He exhibited physical distress with grimaces, wincing, and frequent changes in position; walking gingerly; moving slowly and carefully.

DIAGNOSTIC IMPRESSION

309.81 Post-Traumatic Stress Disorder (PTSD)
296.22 Major Depressive Disorder, Moderate

CONCLUSIONS / RECOMMENDATIONS

Allen Doug Hale is a 33-year-old male who sustained a taser wound and a gunshot wound to the stomach on or about 4/1/15 when he was shot by the Biloxi Police. Since that event he has had to deal with severe pain and other physical symptoms. This has been accompanied by a significant level of depression, anxiety, and emotional distress.

PHYSICAL CONDITION | PAIN

Doug now needs at least some help with grooming | bathroom activities, shopping, cooking, taking care of self and family, going places, and getting out of the house. Without assistance, he cannot manage tasks such as housework, chores, and yard work. He cannot be gainfully employed in his current condition. Doug is dealing with a tremendous amount of pain. At some point Doug will reach maximum medical improvement as his wounds heal. That does not mean that he will ever be restored to his original condition. He worries that he might require further surgery and that his injuries could lead to further problems as he ages.

DEPRESSION

His situation as a result of the surprise assault has left Doug feeling hopeless and helpless in an unstable world. He cannot work and has to rely on his mother and sister for everything. Doug may not be able to work for quite some time. The major focus of his depression is his financial situation and his physical condition. He cannot work and support himself. He cannot socialize without any funds and with his physical limitations. He cannot obtain his own home without funds. In addition, he deals with debilitating pain which erodes his energy and his spirit. If Doug recovers enough to be able to work and pay his own way, his mood should improve.

Post-Traumatic Stress Disorder (PTSD)

Doug meets sufficient criteria for a diagnosis of PTSD according to established standards of psychology as determined

by testing and clinical interview. Based upon the aforementioned clinical information, I conclude that beyond a reasonable doubt his PTSD arose out of the gunshot wound and tasing event that he endured at the hands of the Biloxi Police Department. Doug now lives his life in constant terror of being shot and killed by the police. Police are ubiquitous components of our society and our lives. We encounter them outside our homes as they go about their duties and inside our homes on television. Exposure to any elements that remind him of police sends Doug into severe anxiety, and there is no viable way to avoid exposure to the stimuli that upset him. Doug has been so damaged both physically and psychically that his prognosis for complete recovery is poor. I recommend an antidepressant with anxiolytic properties along with psychotherapy. In particular, he may benefit from a specific treatment protocol, Eye Movement Desensitization and Reprocessing (EMDR), provided by a very experienced clinician. Even with psychotherapy and medication, he is likely to require extensive psychotherapy to overcome the PTSD and depression, if it is even possible. This experience is very likely to have changed Doug 's view of his world for the rest of his life.

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